



**Alaska Early Intervention/Infant Learning Program
LEA Notification**

(for children referred less than 90 but more than 45 days prior to the 3rd birthday)

To: (LEA) Preschool Special Education Coordinator/Contact)

From: (Family Service Coordinator/EI ILP Program Director)

Date: _____

The purpose of this notification is to inform you that _____, a toddler receiving services from the Alaska Early Intervention/Infant Learning Program (EI/ILP) will shortly turn three and is potentially eligible for special education services. As required by IDEA, this notification constitutes a referral to special education.

Child:	BD:	Age:
Parent(s):		
Parent(s) Phone(s):		
Parent(s) Address(es):		

Because this toddler was referred to EI/ILP less than 90 days prior to his or her third birthday, a transition conference for this child is not required. If the parents provide consent, any applicable additional referral information will be sent to the school district.

Please contact me if you have any questions.

Family Service Coordinator Name: _____

Family Service Coordinator Phone Number: _____

Family Service Coordinator Email: _____